



AMERICAN OSTEOPATHIC ASSOCIATION

**Basic Standards for
Fellowship Training in
Primary Care
Osteopathic Sports Medicine**

**American Osteopathic Association
American Osteopathic Academy of Sports Medicine
American College of Osteopathic Family Physicians
American College of Osteopathic Pediatricians
American College of Osteopathic Internists
American College of Osteopathic Emergency Physicians
American Osteopathic College of Rehabilitation Medicine
American Osteopathic College of Occupational & Preventive Medicine
American Academy of Osteopathy**

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I. Introduction

Prerequisite to participation this subspecialty training program is the completion of an AOA-approved residency training program and/or osteopathic certification in Family Medicine, Pediatrics, Internal Medicine, Emergency Medicine, Physical Medicine and Rehabilitation, Occupational-Preventive Medicine, or Osteopathic Manipulative Medicine (OMM). Satisfactory completion of the Osteopathic Sports Medicine Training Curriculum will enable the physician to sit for the examination for Board Certification of Added Qualifications in Osteopathic Sports Medicine. Those planning to seek Board Certification of Added Qualifications from their primary Board should communicate with the Administrative Officer of that Board to ascertain the full requirements.

II. Mission

The mission of the American Osteopathic Academy of Sports Medicine is to provide:

- (1) An educational forum for physicians and healthcare professionals to address the quality of health care for individuals in competitive, recreational, occupational, and industrial settings.
- (2) Leadership to establish, and promote fitness and exercise guidelines, and to guide health care policy relating to wellness, physical activities, and sporting events.
- (3) A collegial environment in which physicians and other healthcare professionals can expand their content knowledge and enhance their clinical skills in primary care sports medicine.

III. Educational Goals

In July 2003, the AOA Board of Trustees accepted and approved the Report of the Core Competency Task Force that created a new policy for AOA-accredited postdoctoral programs. As a result of this decision, additions were made to AOA intern and resident accreditation requirements to incorporate seven (7) core competencies into postdoctoral programs, the AOA inspection process, and into testing modalities for certification and recertification of osteopathic physicians. Two of the core competencies, Osteopathic Philosophy and Osteopathic Manipulative Medicine and Medical Knowledge, are specialty specific. Each osteopathic specialty college is mandated to define and integrate these two core competencies into their respective training standards. The remaining five competencies are germane to all specialties.

3.1 Osteopathic Philosophy and Osteopathic Manipulative Medicine

- a. Demonstrates understanding and application of osteopathic manipulative treatment (OMT) by application of multiple methods of treatment, including all forms of, high-velocity, low-amplitude (VLA), strain-counterstrain and muscle energy techniques.
- b. Demonstrates, as documented in the medical record, integration of osteopathic concepts and OMT in all sites of patient care, including the continuity of care training site, the hospital and other training facilities. It is understood that integration implies the use of OMT in such conditions as, (but not limited to) respiratory, cardiac, and gastrointestinal disorders as well as musculoskeletal disorders.
- c. Understand the philosophy behind osteopathic concepts and demonstrates this through integration into all clinical and patient care activities.

- d. Describe the role of the musculoskeletal system in disease including somatovisceral reflexes, alterations in body framework, and trauma.
- e. Understand the indications and contraindications to osteopathic manipulative treatment.

3.2 Medical knowledge

- a. Basic Knowledge
 - (1) Gross musculoskeletal anatomy and neuroanatomy
 - (2) Body mechanics and gait analysis
 - (3) Muscle and cardiovascular physiology
 - (4) Prescription writing
 - (5) Common physical therapy modalities
 - (6) Sports medicine interventional techniques including joint aspiration, joint injections, and peripheral injections
 - (7) Roles of allied health professionals
- b. More specific knowledge of exercise prescription, pre-participation assessment, and musculoskeletal medicine, is addressed in the Specific Goals and Objectives

3.3 Patient Care

- a. Patient Evaluation
 - (1) History and Physical
 - (2) Utilization of diagnostic studies
 - (3) Interviewing skills
- b. Integration of initial and follow-up assessments
 - (1) Demonstration of clinical problem solving skills
 - (2) Inclusion of allied health assessments
 - (3) Generation of differential diagnosis
 - (4) Interpretation of diagnostic studies
 - (5) Use of consultants and referral sources
- c. Formulation of a patient management/treatment plan
- d. Prescription, performance or interpretation of procedures and modalities
- e. Assessment and provision of continuum of care needs
- f. Patient and family counseling/education
 - (1) Assisting patient development of self-advocacy skills
 - (2) Provision of education in injury/disease primary prevention
 - (3) Provision of education in prevention of secondary complications
- g. Knowledge and use of information technology-internet and computer application
- h. Provision of care that is sensitive to the needs of those with cultural, ethnic, social, or economic diversity

3.4 Interpersonal & Communication Skills

- a. Communicate with patients and families to create and sustain a professional and therapeutic relationship.
- b. Communicate with physicians, other health professionals, and health-related agencies.
- c. Work with others as a member or leader of a health care team or other professional group.
- d. Act in a consultative role to other physicians and health professionals.

- e. Maintain comprehensive, timely, and legible medical records.

3.5 Professionalism

- a. Demonstrate respect for and a responsiveness to the needs of patients and society.
 - (1) Accept responsibility for patient care including continuity of care.
 - (2) Demonstrate integrity, honesty, compassion, and empathy in the role of physician.
 - (3) Demonstrate dependability and commitment.
- b. Consistently demonstrate ethical behavior in clinical practice
- c. Demonstrate sensitivity to and respect for the dignity of patient and colleagues as persons including their age, culture, disabilities, ethnicity, gender, and sexual orientation.

3.6 Practice-Based Learning and Improvement

- a. Analyze practice experience in a systematic manner.
 - (1) Progress towards goals by completion of year of training.
 - (2) Progress towards goals by specific rotation.
 - (3) Extent of visits to therapies and participation in the application of therapy modalities.
 - (4) Number of injections, aspirations.
 - (5) Review of critical incidents.
- b. Locate, appraise, and assimilate evidence from scientific studies related to their patients' health.
 - (1) Use of medical libraries for text-based information.
 - (2) Use of information technology such as drug databases or literature searches.
 - (3) Establishing goals for and monitoring progress toward independent reading.
 - (4) Establish goals for independent learning.
- c. Apply knowledge of study designs and statistical methods to the appraisal of clinical studies and other information on diagnostic and therapeutic effectiveness.
 - (1) Critical appraisal of current literature in journal clubs, didactic sessions, or patient care conference.
 - (2) Review of literature for research projects.
- d. Use of information technology to manage information, access online medical information, and support their own education.
 - (1) Use of hospital/clinic computer-based information systems for daily patient care, including charting, review of laboratory data, and review of prior health care.
 - (2) Use of e-mail or web-based discussion groups for didactic or clinical work.
- e. Facilitate the learning of students and other health care professionals.
 - (1) Presentations/participation in team conferences.
 - (2) Participation in "in-service" teaching for allied health personnel.
 - (3) Teaching medical students in basic science courses or on clinical rotations.

3.7 System-Based Practice

- a. Demonstrate knowledge of community systems of care and assist patients to access appropriate levels of care.
 - (1) Demonstrate knowledge of treatment settings including inpatient, outpatient, skilled units, independent living, and others.
 - (2) Demonstrates knowledge of the organization of care in each relevant delivery setting.

- (3) Demonstrate the ability to integrate care of patients across settings.
- b. Demonstrate the ability to work in various health care settings.
 - (1) Demonstrate the ability to partner with health care managers and providers to assess, coordinate, and improve health care.
 - (2) Assess how activity in health care settings can affect system performance.
- c. Understand how patient care and professional practices affect other health care professionals, health care organizations, and society as a whole.
- d. Practice cost effective health care and resource allocation that maximizes equality of care.
- e. Advocate for patients.
 - (1) Advocate for quality patient care.
 - (2) Assist patients and their families in dealing with system complexities.

IV. Institutional Requirements

4.1 Patient Population

There must be a patient population that includes a minimum of 2,000 patients of all ages, physical abilities, and gender to ensure an appropriate learning experience.

4.2 Sports Medicine Clinic

- a. There must be an identifiable clinic that offers continuing care to patients who seek consultation regarding sports or exercise-related health problems.
- b. The sports medicine clinic must have up-to-date diagnostic imaging and rehabilitation services available and accessible to clinic and/or office patients. Consultation in medical and surgical specialties, and subspecialties, physical therapy, nursing, nutrition, and pharmacy must be readily available.

4.3 Sporting Events/Team Sports/Mass Participation Events

The program must have access to sporting events, team sports, and mass participation events during which the resident has patient responsibility.

4.4 Acute Care Facility

There must be an accessible acute care facility that provides access to the full range of services typically found in an acute care general hospital.

V. Program Requirements and Content

A. Program Requirements

5.1 Participating Institutions

- A. Each participating site must designate a teaching faculty member, in collaboration with the program director, who will assume ultimate responsibility and supervision of the residents.

5.2 Scope and Duration of Training

- a. The program must be a minimum of twelve (12) months in length.
- b. The program must include and distribute curriculum with the following educational components to the resident at least annually:

Skills and competencies related to sports and exercise illnesses and injuries. This must include injury prevention, pre-participation evaluation, and management of acute and chronic illness/injury, rehabilitation, and functioning as a team physician.

The program must integrate the following competencies into the curriculum:

Resident must achieve the following osteopathic principles and practice competencies:

-integrating the four tenets of osteopathic medicine into professional activities:

The body is a unit;

The person is a unit of body, mind, and spirit;

The body is capable of self-regulation, self-healing, and health maintenance; structure and function are reciprocally interrelated;

And rational treatment is based upon an understanding of the basic principles of body unity, self-regulation and the interrelationship of structure and function.

-incorporating literature and research which integrates osteopathic tenants into clinic decision making.

-diagnosing and treating somatic dysfunction as applicable to patient care; and

-documenting somatic dysfunction and its treatment as applicable to patient care.

Patient care and procedural skills

Resident must be able to provide patient care that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health.

Resident must demonstrate competence in the diagnosis and non-operative management of medical illnesses and injuries related to sports and exercise, including hematomas, non-surgical sprains and strains, stress fractures, and traumatic fractures and dislocations.

Resident must be able to competently perform all medical, diagnostic, and surgical procedures considered essential for the area of practice.

Resident must demonstrate competence in the diagnosis, and timely referral for operative treatment of sports related injuries, including hematomas, stress fractures, surgical sprains and strains, and traumatic fractures and dislocations

- c. Medical knowledge

Resident must demonstrate knowledge of established and evolving biomedical, clinical, epidemiological and social behavioral sciences, as well as the application of this knowledge to patient care.

Resident must demonstrate a level of expertise in the knowledge of those areas appropriate for a subspecialist in sports medicine, specifically:

- anatomy, physiology, and biomechanics of exercise;
- basic nutritional principles and their application to exercise;
- psychological aspects of exercise, performance, and competition;
- Guidelines for appropriate history-taking and physical evaluation prior to participation in exercise and sport;
- physical conditioning requirements for various exercise related activities and sports;
- special considerations related to age, gender, and disability;
- pathology and pathophysiology of illness and injury as they relate to exercise;
- effects of disease on exercise and the use of exercise in the care of medical and musculoskeletal problems;
- prevention, evaluation, management, and rehabilitation of injuries and sports-related illnesses;
- clinical pharmacology relevant to sports medicine and the effects of therapeutic, performance enhancing, and mood-altering drugs;
- promotion of physical fitness and healthy lifestyles;
- ethical principles as applied to exercise and sports;
- medico legal aspects of exercise and sports;
- environmental effects on exercise;
- growth and development related to exercise;
- the role of exercise in maintaining the health and function of the elderly;
- and, exercise programs in school-age children.

d. Practice-based learning and improvement

Residents are expected to develop skills and habits to be able to meet the following goals:

- systematically analyze practice using quality improvement methods, and implement changes with the goal of practice improvement;
- locate, appraise, and assimilate evidence from scientific studies related to their patients' health problems;
- educate patients, members of patients' families, medical students, coaches, athletes, other professionals, and other health care professionals (including nurses and allied health personnel) residents regarding issues related to sports and exercise;
- and, function as a team physician.

e. Interpersonal and communication skills

Resident must demonstrate interpersonal and communication skills that result in the effective exchange of information and collaboration with patients, their families, and health professionals.

f. Professionalism

Resident must demonstrate a commitment to carrying out professional responsibilities and an adherence to ethical principles.

- g. Systems-based practice
Resident must demonstrate an awareness of and responsiveness to the larger context and system of health care within the population they serve, as well as the ability to call effectively on other resources in the system to provide optimal health care.

B. Curriculum Requirements

- 5.1 There must be conferences, seminars, didactics, simulation, and/or workshops in sports medicine specifically designed to augment fellows' clinical experience.
- 5.2 Recognizing the validity of the principles of osteopathic medicine, especially that of treating the whole person, each program will provide the opportunity for the resident to gain a thorough understanding of the role social, cultural, behavioral, and physical aspects play in the health of the individual within the populations served.
- 5.3 Structure and function are integrally related. With the relationship intact, the body has the capacity to maintain health. The resident shall be provided the opportunity to achieve competence in health maintenance and disease prevention, utilizing the principles promoted in the osteopathic philosophy.
- 5.4 Ongoing acquisition and assessment of motor skills in osteopathic structural diagnosis and manipulative skills must be integrated throughout the required curriculum for the residents. Conferences or seminars and workshops in OPP/OMT pertinent to Sports Medicine shall be specifically designed for residents as an integral part of the didactic and clinical experiences.
- 5.5 Clinical activities in sports medicine must represent a minimum of 60% of residents' time in the program. The remainder of the time should be spent in didactic, teaching, and scholarly activities, and in the practice of the resident's primary specialty.
- 5.6 Residents must spend at least one-half day per week maintaining their skills in their primary specialty.
- 5.7 Participation in the following must be required of the residents:
 - a. Pre-participation evaluation of the athlete
Resident must conduct pre-participation physical examinations of athletes
 - b. Acute care
Resident must have experience with procedures relevant to the practice of sports medicine for acute care patients.

Resident must assist with, observe, and perform inpatient and outpatient operative orthopedic and musculoskeletal procedures clinically relevant to the practice of sports medicine.
 - c. Sports medicine clinic experience
resident must have a sports medicine clinic experience.

Resident must provide sports medicine clinic patients with continuing, comprehensive care and provide consultation for health problems related to sports and exercises.

Each resident must spend at least one day per week for 10 months in a single sports medicine clinic providing care to patients.

If a resident's sports medicine clinic patients are hospitalized, the fellow must either follow them during their inpatient stay and resume outpatient care following the hospitalization, or remain in active communication with the inpatient care team regarding management and treatment decisions and resume outpatient care following the hospitalization.

- d. On-site sport care
resident must have experience providing on-site sports care.

Resident must plan, implement, and participate in various sporting events and provide comprehensive and continuing care to a single sports team where medical care can be provided across seasons or, to several sports teams across seasons.

Resident must have clinical experiences that provide exposure to, and facilitate skill development in, the appropriate recognition, on-field management, and medical transportation of sports medicine urgencies and emergencies.

Residents must participate in mass-participation events and plan/implement at least one of these events.

Resident must have experience providing medical consultation, direct care-planning, event planning, protection of participants, and coordination with local ems systems.

Resident must have experience working in a community sports medicine network involving parents, coaches, athletic trainers, allied health personnel, residents, and physicians.

VI. Program Director/Faculty

A. Program Director

- 6.1 The program director must be readily available to residents and devote time to administer and maintain an educational environment conducive to educating the resident in each of the AOA competency areas and osteopathic principles and practice.
- 6.2 The program director must prepare and submit all information required and requested by the AOA or AOASM;
- 6.3 The program director must have authority to manage, control, and direct residents progressive responsibility for patient management and supervision of residents during all clinical experiences.
- 6.4 The program director must be a compensated position.

B. Qualifications

The program director must possess the following qualifications:

- 6.1 be AOA board certified in emergency medicine, family medicine, internal medicine, pediatrics, physical medicine and rehabilitation, occupational-preventive medicine, or osteopathic manipulative medicine; or credentials acceptable to the evaluating committee of AOASM
 - Have AOA added qualifications in sports medicine; or credentials acceptable to the evaluating committee of AOASM
 - Have five (5) years of expertise and documented educational and administrative experience acceptable to the committee on education and evaluation;
- 6.2 possess a current, unrestricted state medical license and actively engaged in the care of sports medicine patients and be a medical staff member in good standing at the base institution where the training takes place.

C. Responsibilities

The responsibilities of the program director include:

- 6.1 The program director shall be required to submit quarterly program reports to the director of medical education. Annual reports shall be submitted to the resident's primary certifying board and to the Education and Evaluation Committee of the AOASM.
- 6.2 The program director must verify that the resident demonstrates proficiency in meeting or exceeding the minimum standards for quality patient care utilizing the competency based evaluations. The program director, with the director of medical education, must verify the accuracy of the resident competency based evaluations, as defined by the ICCP.
- 6.3 The program director or a representative (not a fellow) must attend the AOASM PD workshop annually and the PD must personally attend the AOASM workshop at least every other year.

D. Teaching Staff

- 6.1 In addition to the program director, there must be at least one (1) additional teaching faculty member who has certification in sports medicine recognized by a specialty college, who devotes at least 10 hours per week on average to teaching and supervising the residents.
- 6.2 Faculty who instruct, and or supervise residents must board certified, holding current, unrestricted state medical license and must include:
 - At least one board-certified orthopedic surgeon who is engaged in the operative management of sports injuries and other conditions and who is readily available to teach and provide consultation to the residents;
- 6.3 Other program personnel

The institution and the program must jointly ensure the availability of all necessary professional, technical, and clerical personnel for the effective administration of the program.

The sports medicine team must include coaches and certified athletic trainers with whom the residents interact.

Qualified staff members in behavioral science, clinical imaging, clinical pharmacology, exercise physiology, Nutrition and physical therapy must be available to provide consultations and to assist with teaching residents.

E. Teaching Staff Research/Scholarly Activity

6.1 Faculty must be involved in scholarly activity that includes:

- Encouraging residents to participate in scholarly activity;
- Regularly participating in organized clinical discussions, rounds, journal clubs, and other conferences;
- Publication of original research, review articles in peer reviewed journals, or chapters in textbooks;
- Demonstrated scholarship by peer-reviewed funding; publication or presentation of case reports or clinical series at local, regional, or national society meetings; or
- Participation in national committees or educational organizations.

VII. Resident Requirements

A. Appointment of Residents

Applicants for training in Sports Medicine must:

7.1 Residents must have satisfactorily completed an AOA-approved residency training program and/or AOA certification in Family Medicine, Pediatrics, Internal Medicine, Emergency Medicine, Physical Medicine and Rehabilitation, Occupational-Preventive Medicine, or Osteopathic Manipulative Medicine.

B. Program Research and Scholarly Activity

7.1 Resident Research/Scholarly Activity

Residents must regularly participate in rounds, journal clubs, and other conferences.

Resident must complete a scholarly or quality improvement project before completing the program which includes at least one of the following:

- Peer-reviewed funding and research;
- Publication of original research or review article; or presentation at a local, regional, or national society meeting.

VIII. Evaluation

A. Evaluation of Residents

- 8.1 The program director must verify that the resident demonstrates proficiency in meeting or exceeding the minimum standards for quality patient care utilizing competency based evaluations.

The program director must submit an annual summative evaluation report to the resident, the resident's primary certifying board, and to the education and evaluation committee of the AOA. This evaluation report must document the resident's performance during their education; and, verify that the resident has demonstrated sufficient competence to enter practice without direct supervision.

- 8.2 Multiple evaluators (faculty, peers, patients, self, and other professional staff) must evaluate resident performance semi-annually, providing evaluation of performance with feedback.

Evaluators must objectively assess the resident's level of competence in osteopathic principles and practice, patient care, medical knowledge, practice-based learning and improvement, professionalism, and systems-based practice.

Residents must be provided with and have access to a documented semiannual evaluation of performance with feedback by the program director.

B. Evaluation of the Teaching Staff

- 8.1 At least annually, the resident must evaluate faculty performance as it relates to the educational program, which must include the opportunity confidential resident contribution. These evaluations should include a review of the faculty's clinical teaching abilities, commitment to the educational program, clinical knowledge, professionalism, and scholarly activities.

C. Program Evaluation

- 8.1 Program evaluation
The program director must appoint a committee composed of at least two program faculty members and at least one resident.
- 8.2 This committee will meet annually to review and make recommendations for revision of goals and objectives, rotational feedback, duty hour compliance, board passage rates, conference attendance by residents and faculty, and evaluations of the program, faculty, residents, and other teaching staff.
- 8.3 The committee must document a formal, systematic evaluation of the program annually which must include the following:
- Resident performance based on evaluation feedback and observation;
 - Faculty development/scholarly activity;
 - Progress from previous year's action plans;
 - Resident certification exam performance;
 - Program and rotation quality (rotation and program evaluations);

- Curriculum goals and objectives;
- Composition of patient population and event coverage;
- Plan of action to document initiatives to improve;
- Duty hours; and
- Professionalism/patient safety.